

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA,
ORPHANS' COURT DIVISION**

IN RE: Adoption of

No. _____

(Adoptee's name exactly as it appears on birth certificate)

CONSENT OF A PARENT OF ADOPTEE

TO THE HONORABLE, THE JUDGE OF SAID COURT:

The following is respectfully represented:

1. The full names (including complete middle name), ages, marital status, and relationship of each parent to the above child are as follows:

Name	Age	Marital Status	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

(The identity of **BOTH** parents **must** be set **forth** above.)

2. This consent is executed more than 72 hours after the birth of said child (except that a putative father) may execute a consent at any time after receiving notice of the expected or actual birth of the child.
3. I hereby voluntarily and unconditionally consent to the adoption of said child.
4. I understand that by signing this consent I indicate my intent to permanently give up all rights to this child.
5. I understand that such child will be placed for adoption.
6. I understand I may revoke this consent to permanently give up all rights to this child by placing the revocation in writing and serving it upon the agency or adult to whom the child was relinquished.

7. If I am the **BIRTH** father or putative father of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within (30) days after either the birth or my execution of the consent, whichever occurs later, by delivering a written revocation to:

(Insert the name and address of the agency coordinating the adoption) **OR**

(Insert the name and address of an attorney who represents the individual relinquishing parental rights or prospective adoptive parent of the child) **OR**

(Insert the Court of the county in which the voluntary relinquishment form was or will be filed)

(OVER THE CONTINUATION AND SIGNATURES)

8. If I am the **BIRTH** mother of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within (30) days after executing it by delivering a written revocation to:

(Insert the name and address of the agency coordinating the adoption) **OR**

(Insert the name and address of an attorney who represents the individual relinquishing parental rights or prospective adoptive parent of the child) **OR**

(Insert the Court of the county in which the voluntary relinquishment form was or will be filed).

9. I understand that I have the right to request counseling regarding my decision to give up my rights. A list of counselors can be provided upon request. If I am unable to pay the cost for counseling, the costs may be paid from the county's counseling fund upon application found on the York County PA website.

I have read and understand the above and I am signing it as a free and voluntary act.

Signed this ____ day of _____, 20 ____, at _____ o'clock ____. M. at _____
(Location you signed)

signatures appear below.

Print name of Consenting Parent

Signature of Consenting Parent

WITNESSES

The undersigned two witnesses hereby certify that the above parent signed the above consent in our presence on the above date.

Printed Name

Address

Relationship to Consenter

(Signature)

(Signature)

NOTICE

RE: ADOPTION CONSENT AND COUNSELING

Any consent signed outside of the Commonwealth of Pennsylvania must comply with the laws of the state or country where the consent was signed.

See: 23 Pa.C.S. A. §2711(C).

A parent is entitled to engage in counseling regarding the decision to terminate parental rights prior to the entry of the decree terminating a parent's rights. Any request made for counseling will not delay the completion of the hearing for more than 15 days. A parent filing a relinquishment petition or executing a consent can apply for counseling. An application for counseling, including a request for payment of the counseling fees from the Counseling Fund, and a list of counselors are available at the Court Self-Help & Law Resource Center, the office of the Clerk of the Orphans' Court, and available online at www.yorkcountypa.gov/AdoptionCounselingPacket